

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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## LOBBYIST REGISTRATION FOR MITTE OF HAWAII (Type or Print Clearly)

**PART I LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** N Yajima Tiffany 539-0400 MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** tyajima@awlaw.com (Zip Code) (City) (State) Honolulu Ш 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** 539-0400 Slovin & Ito, LLP MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** (City) (State) (Zip Code) Нί 96813 Honolulu

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	TELEPHONE	
MultiState Associates Inc.	703-684-1110 FAX 703-684-7912 EMAIL	
MAILING ADDRESS (Street)		
515 King Street, Suite 300		
(City)	(State)	(Zip Code)
Alexandria	VA	22314
NAME OF PERSON RESPONSIBLE F	TELEPHONE	
Carrie E. Castro		703-684-7912
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul> <li>Intergovernmental Relations, International Affairs</li> </ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATIO	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
- Thomas y county that the information furnished above to, to the book of my memorage, completely					
Franco hamie 2/27/13					
(Signature of Lobbyist) (Date)					
<u> </u>	- <del></del>				
PART V AUTHORIZATION TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Paul W. Hallman	President, MultiState Associates, Inc.				
NAME OF ORGANIZATION (if a	oplicable)	<u> </u>	TELEPHONE		
			703-684-1110		
MultiState Associates Inc. on behalf of Local Search Association 703-684-1110					
MAILING ADDRESS (Street)			FAX 703-684-7912		
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(City)	(State)		(Zip Code)		
Alexandria	VA		22314		
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.					
2/26/13					
(Signature of Au	thorizing Officer or Person Repres	sented)	(Date)		